



## CROSS-SYSTEMS CRISIS PREVENTION AND INTERVENTION PLAN

TODAY'S DATE	CLIENT'S NAME			DATE OF BIRTH
MH AGENCY		MH AGENCY TELEPHONE	MH CASE MANAGER	MH CM TELEPHONE
MH CRISIS TELEPHONE	GUARDIAN'S NAME			GUARDIAN'S TELEPHONE
RESIDENTIAL SUPPORT NAME		RES SUPPORT TELEPHONE	DDD CASE MANAGER	DDD CM TELEPHONE

MH DIAGNOSIS (DSM IV FORMAT)

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V (highest in past year):

Insurance information (provider contact information – Client Identification Number):

Medication (include residential provider and contact information for current medication record):

Medical concerns:

IN THE FOLLOWING SECTION, PLEASE DESCRIBE HOW THE CLIENT TYPICALLY PRESENTS AND/OR FUNCTIONS

Communication style (primary language, preferred modes, expressive, and receptive ability):

Strengths/skills/interests (interpersonal, social, self care, other):

Typical sleep patterns:

Typical daily activities:

Capacity to handle stress/change:

Likes and dislikes:

Interventions that work:

Interventions to avoid:

Other:

SYMPTOMS OF DECOMPENSATION – RANKED IN SEQUENCE	POSSIBLE CAUSES/TRIGGERS	INTERVENTIONS (INCLUDE NAME OF CONTACT(S) AND TELEPHONE NUMBERS)
1.		
2.		
3.		

4.		
5.		
6.		

PREVENTION AND INTERVENTION PLAN  
SIGNATURE PAGE

SIGNATURE	DATE	PRINTED NAME	TELEPHONE NUMBER
CLIENT			
GUARDIAN			
FAMILY MEMBER			
FAMILY MEMBER			
RESIDENTIAL PROGRAM REPRESENTATIVE			
RESIDENTIAL PROGRAM REPRESENTATIVE			
DDD CASE MANAGER			
MENTAL HEALTH CASE MANAGER			
MH CRISIS TEAM MEMBER			
VOCATIONAL PROGRAM REPRESENTATIVE			
OTHER			
OTHER			
OTHER			
OTHER			